

# Medical Coverage Policy



## Treatment for Varicose Veins-PREAUTH

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	9/1/2001	Policy Last Updated:	12/20/2011
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

Varicose veins are large, superficial veins that have become swollen. These veins can be found anywhere in the body but are most common in the lower extremities. The varicosities are often caused by incompetence of the valvular system within the vein, from intrinsic weakness of the vein wall, from high intraluminal pressure, and rarely, from arteriovenous fistulas. In severe cases, these varicose veins may cause severe pain and swelling of an extremity, as well as stasis changes such as dermatitis and ulceration.

Primary varicose veins originate in the superficial system (comprised of the greater and lesser saphenous veins) and occur two to three times more frequently in women than in men. Secondary varicose veins result from deep venous insufficiency and incompetent perforator veins or deep venous occlusion causing enlargement of superficial veins serving as collaterals.

Chronic venous insufficiency can be connected to varicose veins or it could not. Chronic venous insufficiency is related to incompetence of 1 or more branches of the peripheral venous system, i.e., of the deep or superficial system, or the perforators that connect the two. Untreated venous insufficiency in the deep or superficial system causes a progressive set of symptoms involving pain, swelling, skin changes, and eventual tissue breakdown. Controversy remains among vascular surgeons regarding the role of perforator incompetence in the medical and surgical treatment of chronic venous insufficiency. In general, there is an incomplete understanding of how the hemodynamics of one venous system (i.e., superficial, perforator, deep) may affect the hemodynamics of the other. Because of this and other factors, there is inadequate evidence to permit scientific conclusions about the efficacy of SEPS.

Telangiectasis (spider veins, spider bursts, web veins, thread veins, dilated venules) are permanently dilated blood vessels that create fine, red lesions or lines with radiating limbs on the skin. They are usually limited to the dermis and are often the result of hormonal effects on the soft skin appearing during the menarche, pregnancy, menopause or at other times of hormonal disturbance. They rarely have any physical symptoms but may present a cosmetic concern.

### Types of Treatment

Vein ligation and stripping: Veins are tied shut (ligation) and removed (stripping) through small incisions. The procedure is typically used in severe cases in which varicose veins cause pain or skin ulcers. It is normally performed under general anesthesia.

Radiofrequency Ablation (RFA): Also known as VNUS® Closure®, is intended for the endovascular coagulation of blood vessels in patients with superficial vein reflux. This procedure uses endovenous electrodes to deliver radiofrequency energy that heats the vessel wall, causing it to shrink and occlude. It is offered as an alternative to vein ligation or stripping to treat saphenous venous reflux.

Laser Ablation: Also known as endovenous laser therapy (EVLT®) uses an energy source (either laser or radiowave) which is designed to damage the intimal wall of the vessel, resulting in fibrosis and ultimately obliteration of a long segment of the vein. One commonly used system is the Diomed 810-nm laser.

Laser treatment: A light beam is pulsed externally onto the veins causing scar tissue to form thereby closing the vein and making it eventually disappear. The procedure is generally used to treat smaller veins and may be combined with sclerotherapy. Multiple treatments are usually required.

Sclerotherapy: Involves injecting a sclerosing solution (foam) into the blood vessel, which then collapses the vessel. The method is commonly used on small- to medium- sized veins but it can also be used in the treatment of varicose tributaries without prior ligation, with or without vein stripping.

Echosclerotherapy: Also known as ultrasound-guided sclerotherapy, is a procedure using ultrasonic needle guidance and visualization of the refluxing vein(s) during an injection with a sclerosing agent.

Transilluminated Powered Phlebectomy: Transilluminated powered phlebectomy is when an endoscopic transilluminator is inserted underneath the skin, illuminating the vein clusters that need to be resected. The varicosities are cut and removed by suction. Once removal of the veins is complete, a second stage anesthetic is then injected to minimize bruising, pain, and hematoma formation. The TriVex® system is generally used for the transilluminated powered phlebectomy.

Ambulatory phlebectomy: Also called microphlebectomy, is when small varicose veins are removed through small incisions made in the skin. Often the procedure is performed in an office setting with local anesthesia. Generally, sutures are not needed.

Subfascial endoscopic perforator surgery (SEPS): Is a minimally invasive endoscopic procedure that is designed to interrupt incompetent perforator veins. Guided by Duplex ultrasound scanning, small incisions are made in the skin unaffected by the changes of severe chronic venous insufficiency. The perforating veins are clipped or divided by endoscopic scissors. The operation can be performed as an outpatient procedure.

#### **Medical Criteria:**

Treatment of varicose veins is considered medically necessary when the medical criteria below are met:

The patient must meet **one** of the three listed criteria below:

Varicosities causing pain or functional impairment, such as complications of venous stasis as in duration dermatitis or superficial ulceration not satisfactorily relieved by a

trial of conservative medical management (e.g., rest with elevation, analgesics, compression hose) of one month duration, **and** there is reflux incompetency of greater saphenous vein and/or lesser saphenous and/or accessory saphenous vein (with the exception of all forms of sclerotherapy which requires a competent greater saphenous and/or lesser saphenous and/or accessory saphenous vein); **OR**

Superficial thrombophlebitis of greater saphenous vein and/or lesser saphenous and/or accessory saphenous vein; **OR**

Hemorrhaging from a ruptured varix.

**In addition** to meeting the above criteria, the patient must meet the following criteria for the treatments specified below:

#### Ligation and Stripping

- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein is incompetent

#### Endovenous radiofrequency or laser ablation

- If the greater saphenous vein and/or lesser saphenous and/or accessory saphenous vein is in competent

#### Sclerotherapy

- The veins must be >2 mm and <6 mm since veins greater than 6 mm in diameter are more successfully treated with surgery; and
- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein is competent; or
- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein has been removed or ablated.

#### Echosclerotherapy

- Limited to the perforator veins; and
- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein is competent; or
- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein has been removed or ablated.

#### Transilluminated powered phlebectomy and ambulatory phlebectomy

- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein is competent; or
- If the greater saphenous and/or lesser saphenous and/or accessory saphenous vein has been removed or ablated.

Subfascial endoscopic perforator surgery (SEPS) is considered **medically necessary** when the above criteria are met **for BlueCHIP for Medicare only** and **considered not medically necessary for all other product lines** as there is insufficient evidence to permit scientific conclusions about its efficacy.

**NOTE:** Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations.

In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

**Note:** Cluster veins may be treated at the time of any of the primary procedures without a separate review.

**Policy:**

**Preauthorization is required for Blue CHiP for Medicare and recommended for all other BCBSRI products.**

Treatment of symptomatic varicose veins is considered **medically necessary** when the medical criteria listed above are met.

Subfascial endoscopic perforator surgery (SEPS) is considered **medically necessary** when the above criteria are met **for BlueCHiP for Medicare only** and **considered not medically necessary for all other product lines** as there is insufficient evidence to permit scientific conclusions about its efficacy.

Sclerotherapy when used in the treatment of telangiectasias (spider veins) is cosmetic and therefore considered **non-covered** and a contract exclusion.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable surgery services benefits/coverage.

**Coding:**

The following CPT Codes are **covered** when medical criteria are met:

**36470**  
**36471**  
**36475**  
**36476**  
**36478**  
**36479**  
**37700**  
**37718**  
**37722**  
**37735**  
**37760**  
**37761**  
**37765**  
**37766**  
**37780**  
**37785**

The following CPT code is **covered for BlueCHiP for Medicare members only and not medically necessary for all other product lines.**

**37500**

The following HCPCS code is **covered for all products except BlueCHiP for Medicare:**  
**S2202** Echosclerotherapy

The following CPT code is **non-covered for all product lines:**  
**36468**

The following CPT codes should not be used for varicose vein surgery:  
**37202**  
**37204**

**Also known as:**

EVLA  
EVL  
VNUS  
SEPS  
Laser treatment of varicose veins  
Sclerotherapy  
Varicose vein surgery  
Venous closure

**Related Topics:**

Not Applicable

**Published:**

*Policy Update*, September 2001  
*Policy Update*, September 2006  
*Policy Update*, November 2007  
*Provider Update*, August 2009  
*Provider Update*, November 2010  
*Provider Update*, March 2012

**References:**

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